## ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION 501 WOODLANE, SUITE 312 SOUTH LITTLE ROCK, AR 72201 PHONE (501) 683-8000

BOARD USE ONLY
APP Processed by \_\_\_\_\_
APP Reviewed by \_\_\_\_\_

FAX (501) 683-8050 E-MAIL <u>sbpce@arkansas.gov</u> WEBSITE <u>www.sbpce.org</u>

## **FORM 9000 - BANKRUPTCY NOTIFICATION**

No Fee

State Board of Private Career Education Rules and Regulations, Section V

Schools that file bankruptcy shall provide written notification to the Board staff within twenty-four (24) hours or less of the filing, excluding Saturdays, Sundays, and legal holidays. Attach one copy of all information filed with the bankruptcy court. Schools shall provide monthly bankruptcy updates to the Board staff.

(Lines will expand as needed)  SCHOOL INFORMATION						
ADDRESS (LOCATION)						
CITY	STAT	E	ZIP			
SCHOOL CONTACT PERSON REGARDING THE BANKRUPTCY						
CONTACT PERSON REGARDING BANKRUPT	ГСҮ					
ADDRESS (MAILING)						
CITY	STAT	E	ZIP			
TELEPHONE NUMBER	TOLL	-FREE NUMBER				
FAX NUMBER	E-MA	IL ADDRESS				
GENERAL INFORMATION REGARDING BANKRUPTCY						
DATE OF BANKRUPTCY FILING	BAN	KRUPTCY CASE	#			
TYPE OF BANKRUPTCY FILED - CHAPTER						
ACTION FILED IN STATE	COUNTY		COURT			

## LAWYER'S ADDRESS (MAILING) LAWYER'S CITY STATE ZIP LAWYER'S TELEPHONE NUMBER LAWYER'S FAX NUMBER LAWYER'S E-MAIL ADDRESS

## STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate. I understand that monthly bankruptcy updates shall be filed with the Board staff.

Printed Name of Official	Title	
Signature of Official	Date	
(Sign in Blue Ink)		